

These phenomena can be explained up to a certain point by the theory which considers local asphyxia of the extremities as a neurosis, by the exaggeration of the excito-motor power of the cord holding under its dependence the vascular innervation. It is, perhaps, not impossible to explain the miasmatic origin of these phenomena, by an irritation of the vessels of the cord due to melanæmic deposits. This irritation would give rise to spasms of the extremities. Other material alterations in the cord, such as congestion or inflammation, could produce the same symptoms.

In his final chapter the author demonstrates the secondary rôle of cold in the production of local asphyxia. He recalls also the fact that Raynaud had observed a case caused by insolation. This fact established a relation with the febrile attacks following sunstroke. Cold and heat have, therefore, the same action in the pathogeny of attacks of local asphyxia and intermittent fever. In a therapeutic point of view, sulphate of quinine, the constant descending current to the spine, and derivative agents acting on that organ, are the medical agencies that have been found effective.

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GASTRIC EPILEPSY.—H. Pommay, *Revue de Méd.*, 1, vi, June 10, describes and discusses a couple of cases of epilepsy, apparently connected with digestive disorders, and ends his article with the following conclusions :

1. Digestive disorders may give rise to various nervous symptoms ; due (*a*) to the paralysis, and (*b*) to the excitation of the vagus nerve.
2. These phenomena are of reflex origin, and occur entirely in the sphere of the vagus (irritation of its sensory gastric fibres, excitation or reflex paralysis of its cardiac branches).
3. The phenomena of excitation betray themselves in epileptic attacks, those of paralysis in cardiac crises (palpitation of the heart and defects of rhythm).
4. The age and the habitual condition of health of the subject appear to play a part in affecting the mode of the response to the irritation.
5. Gastric epilepsy differs from other epilepsies by (*a*) its cause—errors in diet,—and in (*b*) its symptoms—vomiting of food, in addition to the usual symptoms of the attack,—and in (*c*) its sequels—gastric embarrassments.

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DÉLIRE AIGU.—Dr. Marcel Briaud, *Thèse de Paris*, 1881 (an.

by H. de Boyer in *Archives de Neurologie*, July), considers the *délire aigu* to be a morbid entity, susceptible of precise definition. He describes, in its pathological anatomy, a lesion that he claims is almost constant, though it has not before been noticed. It consists of an injection, of variable extent, of the internal tunic of the arch of the aorta, resembling very much the effect that "would be produced by a brush, two or three centimetres thick, charged with red ink, carried from below upward for five or six centimetres from the sigmoid valves." This very marked coloration, which is sometimes accompanied with actual thickening, is strictly limited to the internal tunic of the vessel, and is independent of the atheromatous patches that may exist there, and which it sometimes envelopes. It is met with in subjects of all ages, temperate or otherwise. It is sometimes more than a simple injection; in some cases there is a genuine false membrane investing the inner wall of the aorta. According to the author this is only a more advanced stage of the pathological process. The existence of this lesion supports the view that the cause of the gravity of the disorder is to be sought for in a modification of the blood. The typhoid aspect of the patients also favors this view.

Hereditary predisposition and excesses are the causes that predominate in the etiology of the disorder, together with faulty hygienic conditions.

The cases given in illustration support the author's statements very fully. Among them is that of a well-known musical composer. Though death is the usual termination, cure may occur, and in these cases the author attributes the favorable result mainly to the disuse of all mechanical restraint and all causes of contention. He also mentions good results from the use of salicylate of soda, and tonics, and the wet pack, in the treatment of this disorder.

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GLYCOSURIA FROM STRETCHING THE VAGI.—At the session of the Soc. de Biologie, May 14 (rep. in *Le Progrès Médical*, No. 21), MM. Marcus and Wiet announced that in carrying on their researches on nerve-stretching, they had made some experiments to find out what results followed the elongation of the pneumogastrics.

In the first rabbit experimented upon they operated by stretching the right pneumogastric on its central portion. The animal, who could not be examined, died three days after the operation. The autopsy presented all the signs of asphyxia. Its lungs were